MAPLEWOOD OF SAUK PRAIRIE

245 SYCAMORE STREET

SAUK CITY	53583	Phone: (608) 643-3383		Ownership:	Corporation
Operated from 1/	1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjun	ction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Se	t Up and Sta	affed (12/31/02):	120	Title 18 (Medicare) Certified?	Yes
Total Licensed Be	d Capacity	(12/31/02):	120	Title 19 (Medicaid) Certified?	Yes
Number of Residen	ts on 12/31	/02:	108	Average Daily Census:	106

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care	No No	 Primary Diagnosis	ે	Age Groups	용		27.8 45.4
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	5.6	•	26.9
Day Services	No	Mental Illness (Org./Psy)	23.1	•	4.6		20.9
Respite Care	No			1 75 - 84	34.3	•	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94		 ***********	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.8	95 & Over	10.2	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	3.7			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	0.9		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	7.4	65 & Over	94.4		
Transportation	No	Cerebrovascular	8.3			RNs	9.5
Referral Service	No	Diabetes	2.8	Sex	%	LPNs	5.1
Other Services	Yes	Respiratory	3.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	46.3	Male	24.1	Aides, & Orderlies	42.0
Mentally Ill	No			Female	75.9	I	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	96	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	1	7.1	183	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	13	92.9	302	67	100.0	110	0	0.0	0	27	100.0	158	0	0.0	0	0	0.0	0	107	99.1
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		67	100.0		0	0.0		27	100.0		0	0.0		0	0.0		108	100.0

MAPLEWOOD OF SAUK PRAIRIE

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period		 			 % Needing		Total				
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of				
Private Home/No Home Health	9.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	0.0	Bathing	0.0		23.1	76.9	108				
Other Nursing Homes	4.2	Dressing	10.2		46.3	43.5	108				
Acute Care Hospitals	80.0	Transferring	18.5		25.0	56.5	108				
Psych. HospMR/DD Facilities	0.0	Toilet Use	12.0		50.0	38.0	108				
Rehabilitation Hospitals	1.7	Eating	26.9		50.9	22.2	108				
Other Locations	5.0	********	*****	*****	*****	*******	******				
Total Number of Admissions	120	Continence		%	Special Treat	ments	%				
Percent Discharges To:		Indwelling Or Extern	al Catheter	6.5	Receiving E	Respiratory Care	26.9				
Private Home/No Home Health	4.9	Occ/Freq. Incontinen	t of Bladder	38.0	Receiving 7	Tracheostomy Care	0.0				
Private Home/With Home Health	40.7	Occ/Freq. Incontinen	t of Bowel	27.8	Receiving S	Suctioning	2.8				
Other Nursing Homes	0.8				Receiving (Ostomy Care	3.7				
Acute Care Hospitals	7.3	Mobility			Receiving 7	Tube Feeding	5.6				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	4.6	Receiving N	Mechanically Altered Diets	28.7				
Rehabilitation Hospitals	0.8										
Other Locations	15.4	Skin Care			Other Resider	nt Characteristics					
Deaths	30.1	With Pressure Sores		3.7	Have Advance	ce Directives	100.0				
Total Number of Discharges		With Rashes		4.6	Medications						
(Including Deaths)	123				Receiving I	Psychoactive Drugs	63.0				

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	ml '		Ownership:		Size:		ensure:	7.1	1		
	This		prietary		-199		lled	Al.			
	Facility	Peer	Group		Group		Group		lities		
	8	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Be	eds 88.1	85.1	1.04	85.5	1.03	86.7	1.02	85.1	1.03		
Current Residents from In-County	86.1	75.4	1.14	78.5	1.10	69.3	1.24	76.6	1.12		
Admissions from In-County, Still Residing	21.7	20.1	1.08	24.7	0.88	22.5	0.97	20.3	1.07		
Admissions/Average Daily Census	113.2	138.3	0.82	114.6	0.99	102.9	1.10	133.4	0.85		
Discharges/Average Daily Census	116.0	139.7	0.83	114.9	1.01	105.2	1.10	135.3	0.86		
Discharges To Private Residence/Average Daily Ce	ensus 52.8	57.6	0.92	47.9	1.10	40.9	1.29	56.6	0.93		
Residents Receiving Skilled Care	100	94.3	1.06	94.9	1.05	91.6	1.09	86.3	1.16		
Residents Aged 65 and Older	94.4	95.0	0.99	94.1	1.00	93.6	1.01	87.7	1.08		
Title 19 (Medicaid) Funded Residents	62.0	64.9	0.96	66.1	0.94	69.0	0.90	67.5	0.92		
Private Pay Funded Residents	25.0	20.4	1.22	21.5	1.16	21.2	1.18	21.0	1.19		
Developmentally Disabled Residents	0.9	0.8	1.17	0.6	1.46	0.6	1.63	7.1	0.13		
Mentally Ill Residents	23.1	30.3	0.76	36.8	0.63	37.8	0.61	33.3	0.69		
General Medical Service Residents	46.3	23.6	1.96	22.8	2.03	22.3	2.07	20.5	2.26		
Impaired ADL (Mean)	67.2	48.6	1.38	49.1	1.37	47.5	1.41	49.3	1.36		
Psychological Problems	63.0	55.2	1.14	53.4	1.18	56.9	1.11	54.0	1.17		
Nursing Care Required (Mean)	9.5	6.6	1.43	6.8	1.39	6.8	1.40	7.2	1.32		